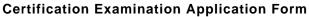


State of Connecticut Commission on Fire Prevention and Control

FIRE OFFICER I





Please **PRINT** all information legibly as it will appear on your permanent records. This **entire** application must be completed by **both** the trainer & trainee prior to submission.

APPLICANT DATA

APPLICAN	IDAIA					
Last name		First n	name			Middle Initial
Home Street Add	ress					1
Town				State		Zip Code
Telephone Home			Work			
Social Security N	umber					
Date Certified as a State of Connecticut Firefighter II:			Individuals not currently certified to the Firefighter II level must have been an active member of a fire department with continuous service on or before July 1, 1977. Verification must be provided.			
FIRE SERV	ICE AFFILIATION					
Department Name	9				FDID # (if appl	icable)
Company/Unit			City/Town		<u> </u>	
Check One: Care	eerCall_		_			
Date entered fire	service (if applicable, include both v	oluntee	r and career time)			
EXAMINAT	ION DATA					
Type of Examinat	tion (Check One) (Applicants may	apply fo	or both types of exar	ninations o	on a single applic	ation)
Written Examination Date			(Required for Challenge Examination Only) Practical Examination Date			
Examination Loca	ation		Examination Location			
\$7.50 application check type of pay	fee for a written examination and/or ment below:	\$5.00 fc	or a practical examir	nation requ	uired with applica	tion. Please
Cash	Check (please indicate check # ar date)	nd	Purchase order		e or Calendar Cla uded in tuition)	ass
	e below, I certify that the above in 18 years of age on the date of the			ect to the	e best of my kno	owledge and th
Applicants Signa	ture				Date	
Remit completed	application and fee to: Commiss	sion on	Fire Prevention and	Control		

34 Perimeter Road

Windsor Locks, CT 06096-1069

C3-9/97

FIRE OFFICER I - INDIVIDUAL TRAINING RECORD

Name (Print)		Social Security Number:			
NFPA 1021		Quiz Grade	Date Psycho-Motor Objectives Met		
Chapter 2 Objectives		local option			
2-2	Human Resource Management				
2-3	Community Awareness/Public Relations		N/A		
2-4	Organizational Structure				
2-5	Administration	No Job Perfromance Requirements for Fire Officer I			
2-6	Budget		N/A		
2-7	Government Structure	No Job Performance Requirements for Fire Officer I			
2-8	Communication Skill				
2-9	Information Management				
2-10	Planning				
2-11	Inspection, Investigation, and Public Education				
2-12	Emergency Service Delivery		N/A		
2-13	Safety				

We the undersigned, do hereby certify that all psycho-motor skills as required in NFPA Standard 1021, Chapter 2, will have been satisfactorily performed and evaluated by the certified instructor whose signature appears below by the time of the Practical Skills Examination. It is understood that a skill evaluation will be administered by a representative of the Connecticut Commission on Fire Prevention and Control prior to granting of Certification.

Fire Officer Trainee Signature	Date
Lead Instructor Printed Name	Telephone Number
Lead Instructor Signature	Date